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DEPARTMENT OF THE TREASURY
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS
Post Office Box 2994
Atlanta, Georgia 30370

Reply To
(b)(6)/(b)(7)(C)

Dear Firearms License Applicant:

Enclosed you will find publications and an initial supply of forms which relate to the conduct of business as a federally licensed firearms dealer. You may order additional forms using the enclosed ATF Form 1600.8.

Please review the information as furnished. If you have questions or problems concerning recordkeeping requirements or other information, please call (b)(6)/(b)(7)(C)

Sincerely yours,

Robert E. Daugherty
Regional Regulatory Administrator

Enclosures

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ATF FOIA Release: 2024-01191-000001

[redacted] OF THE TREASURY — BUREAU OF ALCOHOL, TOBACCO AND FIREARMS

LICENSE (18 U.S.C. Chapter 44)

[redacted] provisions of Title I, Gun Control Act of 1968, and the regulations issued thereunder (27 CFR Part 178), you are licensed to engage in [redacted] subject to the limitations of Chapter 44, Title 18, United States Code, and the regulations issued thereunder, until the expiration date shown. See "WARNING" on back.

[redacted] REGULATORY ADMINISTRATOR

DIRECT ATF CORRESPONDENCE TO: [redacted] P. O. Box [redacted] Atlanta, GA 30370

LICENSE NUMBER: 1-63-052-01-A7-16872

EXPIRATION DATE: January 1, 1987

NAME: [redacted] CMA

TYPE OF LICENSE: 06 - DEALER IN FIREARMS OTHER THAN DESTRUCTIVE DEVICES
[redacted] - AMMUNITION FOR OTHER THAN DESTRUCTIVE DEVICES

ASSISTANT DIRECTOR (REGULATORY ENFORCEMENT): Robert E. Daugherty

LICENSEE

PURCHASING CERTIFICATION

I certify that this is a true copy of a license issued to me to engage in the business specified.

(SIGNATURE OF LICENSEE)

The licensee named herein shall use a reproduction of this license to assist a transferor of firearms to verify the identity and the licensed status of the licensee as provided in 27 CFR Part 178. The signature on each reproduction must be an ORIGINAL signature.

POSEY, THOMAS VINCENT
CMA
208 Lucillie Dr. SW
Decatur, AL 35603

ATF FORM 8 (5310.11) (6-82)

DEPARTMENT OF THE TREASURY
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS

This is your new Federal Firearms License. There has been a change in the format and size from the old license.

You will also note that you received only an original license. In an effort to reduce cost, we have put the "purchasing certification" statement which was formerly on the purchasing copy of the license onto the original license. To get certified copies of your license to furnish your suppliers you should:

(1) make as many copies of your original license as you need, and
(2) sign the "signature of licensee" line in the lower left corner of each copy as you need it.

Note: Do not sign the original license first and then make copies, as the signature on each certified copy must be an original.

ATF F 5310.14 (5-83)

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ATF FOIA Release: 2024-01191-000002

18. LIST BELOW THE INFORMATION REQUIRED FOR EACH INDIVIDUAL OWNER, *(sole owner must include themselves)*, PARTNER, AND OTHER RESPONSIBLE PERSONS *(see instruction 7)* IN THE APPLICANT BUSINESS. IF A FEMALE, LIST GIVEN NAMES AND MAIDEN, IF [redacted], e.g., "MARY ALICE SMITH JONES," NOT MRS. JOHN JONES." *(If additional space is needed, use a separate sheet.)*

FULL NAME	POSITION AND SOCIAL SECURITY NO.	HOME ADDRESS *(Include ZIP Code)*	PLACE OF BIRTH	DATE OF BIRTH
Thomas Vincent Posey	(b)(6)/(b)(7)(C)			

19. HAS APPLICANT OR ANY PERSON LISTED ABOVE: *(If "Yes," place an (*) by the name and show city and State at right.)*	YES	NO	CITY
A. HELD A FEDERAL FIREARMS LICENSE		X	
B. BEEN DENIED A FEDERAL FIREARMS LICENSE		X	
C. BEEN AN OFFICER IN A CORPORATION HOLDING A FEDERAL FIREARMS LICENSE		X	STATE
D. BEEN AN EMPLOYEE RESPONSIBLE FOR FIREARMS ACTIVITIES OF A FEDERAL FIREARMS LICENSEE		X	

GIVE FULL DETAILS ON SEPARATE SHEET FOR ALL "Yes" ANSWERS IN ITEMS 20 & 21.

		YES	NO
20. IS APPLICANT OR ANY PERSON NAMED IN ITEM 18 ABOVE:	A. CHARGED BY INFORMATION OR UNDER INDICTMENT IN ANY COURT FOR A CRIME PUNISHABLE BY IMPRISONMENT FOR A TERM EXCEEDING ONE YEAR *(See 1. below)*		X
	B. A FUGITIVE FROM JUSTICE		X
	C. AN ALIEN WHO IS ILLEGALLY OR UNLAWFULLY IN THE UNITED STATES		X
	D. UNDER 21 YEARS OF AGE		X
	E. AN UNLAWFUL USER OF OR ADDICTED TO MARIJUANA OR ANY DEPRESSANT, STIMULANT OR NARCOTIC DRUG		X
21. HAS APPLICANT OR ANY PERSON NAMED IN ITEM 18 EVER:	A. BEEN CONVICTED IN ANY COURT OF A CRIME PUNISHABLE BY IMPRISONMENT FOR A TERM EXCEEDING ONE YEAR *(See 2. below)*		X
	B. BEEN DISCHARGED FROM THE ARMED FORCES UNDER DISHONORABLE CONDITIONS		X
	C. BEEN ADJUDICATED AS A MENTAL DEFECTIVE OR BEEN COMMITTED TO ANY MENTAL INSTITUTION		X
	D. RENOUNCED HIS CITIZENSHIP HAVING BEEN A CITIZEN OF THE UNITED STATES		X

22. **CERTIFICATION:** Under the penalties imposed by 18 U.S.C. 924, I declare that I have examined this application and the documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct and complete.

SIGN HERE	(b)(6)/(b)(7)(C)	TITLE	DATE
		owner	NOV 1, 1983

FOR ATF USE

23. APPLICATION IS
☐ APPROVED ☐ DISAPPROVED*
☐ TERMINATED*
*LICENSE FEE WILL BE REFUNDED BY INTERNAL REVENUE SERVICE

(Give reasons for terminated or disapproved application)

SIGNATURE OF REGIONAL REGULATORY ADMINISTRATOR		DATE

1. Information – A formal accusation of crime made by a prosecuting attorney, as distinguished from an indictment presented by a grand jury.

2. The actual sentence given by the judge does not matter -- a "yes" answer is necessary if the judge could have given a sentence of more than one year. Also, a "yes" answer is required even if a conviction has been discharged, set aside, or dismissed pursuant to an expungement or rehabilitation statute. However, a crime punishable by imprisonment for a term exceeding 1 year does not include a conviction which has been set aside under the Federal Youth Corrections Act.

ATF FOIA Release: 2024-01191-000003

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Form Approved: OMB No. 1512-0042 (3/31/88)

DEPARTMENT OF THE TREASURY
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS

APPLICATION FOR LICENSE
UNDER 18 U.S.C. Chapter 44, FIREARMS

FOR ATF USE ONLY

FOR INTERNAL REVENUE SERVICE CENTER USE ONLY

1. NAME OF INDIVIDUAL OR CORPORATION *(If partnership, include name of each partner)*
THOMAS VINCENT POSEY

2. TRADE OR FIRM NAME, IF ANY
C.V.A.

3. EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER
(b)(6)/(b)(7)(C)

4. NAME OF COUNTY IN WHICH BUSINESS IS LOCATED
MORGAN

5. BUSINESS ADDRESS *(RFD or street no., city, state, ZIP code)*
209 LUCILLE DR. S.W.
DECATUR, ALA
35603

6. BUSINESS LOCATION *(If no street address in item 5, show directions and distance from nearest P.O. or city limits.)*

7. TELEPHONE NUMBER *(Include Area Code.)*
BUSINESS 355 3191
RESIDENCE (b)(6)/(b)(7)(C) - per ATF

8. APPLICANT'S BUSINESS IS
☒ INDIVIDUALLY OWNED ☐ A CORPORATION
☐ A PARTNERSHIP ☐ OTHER *(Specify)* _____

9. IS ANY BUSINESS OTHER THAN THAT FOR WHICH THE LICENSE APPLICATION IS BEING MADE CONDUCTED ON THE BUSINESS PREMISES? *(If "Yes," give the general nature of that business)*
☐ YES ☒ NO

10. APPLICATION IS MADE FOR A LICENSE UNDER 18 U.S.C. CHAPTER 44 AS A: *(Place an (X) in column (b) of the appropriate line. Submit the fee shown in column (c) with the application.)*

	TYPE OF LICENSE* *a*	"X" *b*	FEE *c*
1	DEALER IN FIREARMS OTHER THAN DESTRUCTIVE DEVICES OR AMMUNITION FOR OTHER THAN DESTRUCTIVE DEVICES *(INCLUDES: Rifles, Shotguns, Pistols, Revolvers, Ammunition only, Gunsmith activities and National Firearms Act (NFA) Weapons)*	X	$30
2	PAWNBROKER DEALING IN FIREARMS OTHER THAN DESTRUCTIVE DEVICES OR AMMUNITION FOR FIREARMS OTHER THAN DESTRUCTIVE DEVICES		$75
3	COLLECTOR OF CURIOS AND RELICS *(Note: Omit items 11 and 12 if checked here and no other licenses are applied for.)*		$30
6	MANUFACTURER OF AMMUNITION FOR FIREARMS OTHER THAN DESTRUCTIVE DEVICES		$30
7	MANUFACTURER OF FIREARMS OTHER THAN DESTRUCTIVE DEVICES		$150
8	IMPORTER OF FIREARMS OTHER THAN DESTRUCTIVE DEVICES OR AMMUNITION FOR FIREARMS OTHER THAN DESTRUCTIVE DEVICES		$150
9	DEALER IN DESTRUCTIVE DEVICES OR AMMUNITION FOR DESTRUCTIVE DEVICES		$3000
10	MANUFACTURER OF DESTRUCTIVE DEVICES OR AMMUNITION FOR DESTRUCTIVE DEVICES		$3000
11	IMPORTER OF DESTRUCTIVE DEVICES OR AMMUNITION FOR DESTRUCTIVE DEVICES		$3000
	TOTAL FEES *(Attach check or money order payable to the Internal Revenue Service.)*		$ 30.

*Note: Applicants intending to engage in business relating to NFA weapons (including destructive devices and ammunition for destructive devices) are required to pay a special (occupational) tax before commencing business (26 U.S.C. 5801).

11. HOURS OF OPERATION OF APPLICANT'S BUSINESS

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open	CLOSE	8:00	8:00	CLOSE	8:00	8:00	8:00
Close	CLOSE	5:00	5:00	CLOSE	5:00	5:00	5:00

12. ARE THE APPLICANT'S BUSINESS PREMISES OPEN TO THE GENERAL PUBLIC DURING THESE HOURS?
☐ YES
☒ NO *(If "No," give explanation on separate sheet.)*

13. IS APPLICANT PRESENTLY ENGAGED IN A BUSINESS REQUIRING A FEDERAL FIREARMS LICENSE? *(If "Yes," answer 14.)*
☐ YES ☒ NO

14. PRESENT LICENSE NUMBER

IF BUSINESS OBTAINED FROM SOMEONE ELSE GIVE

15. NAME

16. LICENSE NUMBER

17. DESCRIBE SPECIFIC ACTIVITY APPLICANT IS ENGAGED IN, OR INTENDS TO ENGAGE IN, WHICH WILL REQUIRE A FEDERAL FIREARMS LICENSE *(e.g., dealer in rifles, shotguns, revolvers and ammunition, dealer in ammunition only, gunsmith, dealer in machine guns, etc.)*
I PLAN TO BUY WEAPONS & AMMO TO SEND TO EL SALVADOR WITH THAT GOVERNMENT'S PERMISSION. THIS EQUIPMENT WILL BE SENT TO THEM AT NO COST TO THEIR GOVERNMENT.

ATF Form 7 (5310.12) (4/83) Previous Editions Are Obsolete

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FILE COPY

SERVICE CENTER

ATF FOIA Release: 2024-01191-000004

CERTIFICATE OF REGISTRATION FOR PERSONAL EFFECTS TAKEN ABROAD

Form Approved
O.M.B. 48-R0364

141.8, 148.1, 148.31, C.R.

Number

Name of Owner

THOMAS VINCENT ROSEY

Address of Owner

(b)(6)/(b)(7)(C) - per ATF

Description of Articles

45 REM AUTO 1911A1 (b)(6)/(b)(7)(C) - per ATF SER NUMBER

M1 GARAND 30/06 SPRINGFIELD (b)(6)/(b)(7)(C) - per ATF SN.

500 RDS 30/06 30 CAL M2

500 RDS 45 CAL.

I certify that the information shown hereon is true and correct to the best of my knowledge and belief.

Signature of Owner

Port HUNTSVILLE, AL Date 7-4-84

Signature

U.S. CUSTOMS SERVICE Huntsville, Ala.

Complete address should appear on lines through all unused spaces. Illegible permit.

The Department of the Treasury

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Customs Form 4457 (08-82-60)

ATF-FOIA Release: 2024-01191-000005